FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED

20 Gride Usel Only AM 8: 12

1.	NAME OF		
	COMMITTEE	(in	fuli

FE6AN026

TYPE OR PRINT ▼

Example: If typing, type

COMMITTEE (in full)		over the lines.	12FE4M5F	UMAL CENTER
EMPIONE RIJNG	EACH COM	MUNITY P	AG	
	1 1 1 1 1 1 1 1			
ADDRESS (number and street)	15,5,3,0 Wis	< 10, N, S, I, N, A	VENUE SUI	tie, 1,2,0,9,
Check if different			111111	
than previously reported. (ACC)	1c, H, e, V, Y, , C, h,	$A_iS_ie_i$	I Md 2	0,8,1,5-
2. FEC IDENTIFICATION NU	IMBER ▼ C	CITY A	STATE A	ZIP CODE A
C 0.0.4.2.6.1.	2,2	IS THIS REPORT (N)		IDED
4. TYPE OF REPORT (Choose One)	Report *****	eb 20 (M2) Ma	y 20 (M5) Aug 20	(M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reparts:	Due On:	ar 20 (M3) Jui	1 20 (M6) Sep 20	(M9) Dec 20 (M12) (Non-Election
· · · · · · · · · · · · · · · · · · ·	□ A	or 20 (M4) Jul	20 (M7) Oct 20	Year Only) (MI10) Jan 31 (YE)
April 15 Quarterly Report (Q	(c) 12-Day	Primary (12P)	General (12	G) Runoff (12R)
July 15 Quarterly Report (Q	PRE-Election	Convention (12	Brooks geldig	toods ·
October 15 Quarterly Report (Q	Report for the:	Convention (12	C) Speciai (128) -
January 31 Year-End Report (Y	Floor	tion on	/ *******	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the:	ا ، لعمما		in the
	Elec	tion on		State of
5. Covering Period	1 0,1 2,0,	1,3 through	0.6 3.0	20.1.3
I certify that I have examined the	is Report and to the best	of my knowledge and be	lef it is true, correct and co	omplete.
Type or Print Name of Treasurer	Thomas A.	Gentile		
Signature of Treasurer	Thomas C	7. Sentill	Date 0.7	01/2013
NOTE: Submission of false, errone	eous, or incomplete informat	ion may subject the person	n signing this Report to the p	penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name		
EMPOW		
Report Covering the Period: From:	7	To: (1000)
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
January 1, 2013		7.3.9.2.09
(b) Cash on Hand at Beginning of Reporting Period	739209	
(c) Total Receipts (from Line 19)	9.3.0	7.3.0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7.4.0.1.3.9	7,4,0,1,3,9
. Total Disbursements (from Line 31)	O	O
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	740139	7,4,01,3,9
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
O. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a multic	candidate committee. (see FEC FORM 1M)	·····
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

7 M ÇĢ O M (M

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004) Write or Type Committee Name EMPOWERING EACH COMMUNITY P.A.C. 30 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Uniternized (iii) TOTAL (add Lines 11(a)(i) and (ii)...... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))... 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))......... 20. Total Federal Receipts (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

Page 4

II. Disbursements

COLUMN A

COLUMN B

		Total This Period	Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Shate		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b)) ▶		
22.	Transfers to Affiliated/Other Party	Annual transfer and antidates from the conference for the first from the conference for the first from the conference for the conference for the first from the conference for the confe	been the substitution the substitution of surface and
23.	Committees Contributions to Federal Candidates/Committees		
	and Other Political Committees		
24.	Independent Expenditures	Throughten destroy the control of th	Encountries of the contries of
	(use Schedule E)		
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
	•	herra Green from the medicate the medicate from the medicate from from the medicate from from the medicate from from the medicate from the	Constitution (Constitution of the Constitution
26.	Loan Repayments Made		
27.	Loans Made		
	Refunds at Contributions To:	Landaudin Bankardaudin Bankardaudin Bankardaudin Bankardaudin Bankardaudin Bankardaudin Bankardaudin Bankardau	
	(a) Individuals/Persons Other Than Political Committees		
	Than I onder commutees	Landson from the state of the s	Andrew Street St
	(b) Political Party Committees		
	(c) Other Political Committees	handon de la company de la com	
	(such as PACs)		
	,		
	(d) Total Contribution Refunds	โรงเลดินเลงดิเนเตินเลงเมือนเลนินเลงเนินเลงเนินเลงเนินเลงเนินเลงเนินเลงเนินเลนิน	
	(add Lines 28(a), (b), and (c)) ▶		
	•		
29.	Other Disbursements	Liainala	
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	lana de marilana de merchanis i mandro melancista modernos i estado	Contribution of anticonstitution of a sufficient frame of
	(i) Federal Share		
	•	ก็เกราะเกิดเลาเหลือเลาเลรียงการเลือนการที่การเลรียงการเลือนการเลือนการเลือนการเลือนการกับการเลส สูงการเลยและเหลือนายเลือนการเลือนการประชาชาญการการคลักการการสูงการการการการการการการสู	Considerated State Control of the State of State
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely	Bronnellenen Bronnellenen Bronnellenen Bronnellenen Bronnellen Bronnellenen Bronnellen Bronnellen Bronnellen B Bronnellen Bronnellen Bronnellen Bronnellen Bronnellen Bronnellen Bronnellen Bronnellen Bronnellen Bronnelle B	Secure de la confession
	With Federal Funds		
	(c) Total Federal Election Activity (add	Benedikerndustrik de kanden er et bestellt en er bestellt er er bestellt er er bestellt er er bestellt er er b gemengemen gemengemen gemen er er bestellt er bestellt er bestellt er bestellt er bestellt er bestellt er best	Exerced supplications of the supplication of t
. •	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
21	Total Disbursements (add Lines 21(c), 22,	•	• •
31.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
	20, 24, 20, 20, 21, 20(u), 28 and 30(u).		
32	Total Federal Disbursements	•	
UE.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		Λ
		Leading land banks and and banks after the characters.	
	•		

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans)		
	(from Line 11(d), page 3)		
34.	Total Contribution Refunds		
	(from Line 28(d))		
35.	Net Contributions (other than loans)		ann fine sitem to the state of
	(subtract Line 34 from Line 33)		
36.	Total Federal Operating Expenditures		hand ambarrhombandamidamidamidamidamidami
	(add Line 21(a)(i) and Line 21(b))▶		
37.	Offsets to Operating Expenditures	describeration descri	
	(frem Line 15, page 3)		
38.	Net Operating Expenditures		In the state of th
	(subtract Line 37 from Line 36)	9	0

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	CHEDULE A. (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one)
A	ny information copied from such Reports and S r for dommercial purprises, other than using the	Statements m	ay not be sold or used by any paddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Z	NAME OF COMMITTEE (In Full)			
	EMPOWERING E	ACH	community &	AC .
A	Full Name (Last, First, Middle Initial) HARBOR BANK OF	MARY	1 AND	Date of Receipt
	Mailing Address 8530 LiBERT			0.6 30 2013
	RANDALISTOWN	State M.	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing tederal political committee.	C.		930
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify)	Aggregate	Yez-to-Date ▼	AC CRUED INTEREST
 B	Full Name (Last, First, Middle Initial)	•		Date of Receipt
	Malling Address			المنتين المنقل المنتيا
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C .		
	Name of Employer	Occupation		
	Recmipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		<u> </u>	
C .	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			المنتار المنقار المنتا
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C.		
	Name of Employer	Occupation		
	Receipt For: Primary General Cather (specify) ▼	Aggregate	Year-to-Date ♥	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

TEMIZED DISBURSEMENTS Any information copied from such Reports and State or for communication purposes, other than uniting the n	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	22 28a	23 28b	24 28		25 29	∏2d 3d
or for communicated purposes, other than undrig the n	amente meu not be sold or used t							
	eme and address of any militari o	by any perso committee to	n for the p	ourpose (of solicit	ting c	ontribui committ	ions ev.
NAME OF COMMITTEE (In Full)		Normal States and						
Full Name (Last, First, Middle Initial)			Date of	Disburse	ment			
Mailing Address]			
City	State Zip Code							
Purpose of Disbursement			Amount	of Each	Disburs	semer	nt this !	Period
Camdidate Marme	L _C	Category/ Type						
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)							
State: District: Full Name (Last, First, Middle Initial) 3.		_	Date of	Disburse	ment			
Mailing Address		7]	Ľ		٢
City	State Zip Code						•	
Purpose of Disbursement Candidate Name		Category/	Amount	of Each	Disbura	emer	nt this	Period
Senate President	ement For: Primary General Other (specify)	Туре	i and an	in diam'i	lund	A	AunA	
State: District: Full Name (Last, First, Middle Initial)			Date of	Disburse	ment			<u> </u>
Mailing Address	and the second s		-	1	5 /		Y T Y 1	
City	State Zip Code							
Purpose of Disbursement	T	-	Amoun*	of Each	Diehur	יבוות	nt thie i	Pariod
Candidate Name	C	Category/ Type	Candana Autonia	hundrad.				-
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) \(\psi\)		head,					
State: District:] (-p-301)/ V							

SCHEDULE C (FEC Form 3X)					
LOANS		Use separate schedule(s) for each category of the	PAGE OF		
		Detailed Summary Page	FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEE (In Full)					
LOAN SOURCE Full Name (Last, First, Midd	e initial)	[E	lection:		
		1	Primary General		
Mailing Address			Other (specify)		
City	State ZIP Cod	de			
	Cumulative Payment To	Date Balance	Outstanding at Close of This Period		
TERMS	D-1- D-1-	Interest Date	On our of		
Date incurred	Date Due	Interest Rate	Secured:		
			% (apr) Yes No		
List All Endorsers or Guarantors (if any) to	Loan Source				
Full Name (Last, First, Middle Initial)	1	Name of Employer			
Mailing Address	-	Occupation			
	1				
City State	ZIP Code	Amount V Guaranteed			
2. Full Name (Last, First, Middle Initial)		Outstanding:			
Malling Address	V	Occupation			
		Amount groups and			
City State	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Malling Address		Occupation			
City State	ZIP Code	Amount Guaranteed			
Only State	211 0000	Outstanding:			
4. Full Name (Last, First, Middle Initial)	,	Name of Employer			
Mailing Address		Occupation			
		4			
City State	ZIP Code	Amount Guaranteed			
		Outstanding:			
		CANODIMICAL			
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
	, 	Commission -			
Carry outstanding balance only to LINE 3. Sched	dule D. for this line. If a	no Schedule D. carry forward	to appropriate line of Summerv		

CHEDÜLE C-1 (FEC Form 3X) OANS AND LINES OF GREDIT FI deral Election Commission, Washington, D.C. 20		Supplementary for Information found on Page of Schedule C
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
ENDING INSTITUTION (LENDER) uii Name	Amount of Loan	Interest Rate (APR) %
alling Address	Date Incurred or Establishe	d , , , , , , , , , , , , , , , , , , ,
ity State Zip Co	de Date Due	
A. Has loan been restructured? No	Yes If yes, date originally incurr	red WWW / DVD /
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	
C. Are other parties secondarily liable for the	debt incurred? arantors must be reported on Schedule C	5.)
D. Are any of the following pledged as collate property, goods, regotiable instruments, oe stocks, accounts receivable, cash on deporting the No Yes If yes, specify: E. Are any future contributions or future receivable, cash on deporting the Yes If yes, specify: Collateral for the loan? No Yes	ortificates of deposit, chattel papers, sit, or other similar traditional collecteral?	Does the lender have a perfected secuinterest in it? No Yes What is the estimated value?
A depository account must be established		
to 11 CFR 100.52(e)(2) and 100.142(e)(2). Date account established:	Address:	
F. If neither of the types of collateral described the loan amount, state the basis upon which	City, State, Zip: d above was pledged for this loan, or if the ch this loan was made and the basis on the characteristics.	ne amount pledged does not equal or exce which it assures repayment.
G. COMMITTEE TREASURER Typed Name Signature		DATE / DATE /
H. Attach a signed copy of the loan agreeme	ent.	
are accurate as stated above. II. The loan was made on terms and consimilar extensions of credit to other build. This institution is aware of the require	edge, the terms of the loan and other info anditions (including interest rate) no more corrowers of comparable credit worthiness.	sis which assures repayment, and has
UTHORIZED PEPRESENTATIVE		DATE

Title

FEC Schedule C-1 (Form SX) Rev. 02/2003

Typed Name Signature

DEBTS AND OBLIGATIONS		(Use separate schedùle(s) for each	FOR LINE NUMBER: (cfreck only one)
xcluding Loans numb			10
NAME OF COMMITTEE (in Fuil)			
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Nature of	Debt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period		_	
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Det	otor or Creditor	Nature of	Debt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of De	obtor or Creditor	Nature of	Debt (Purpose):
Mailing Address			
City	State Zip Code		
Cutstanding Balance Beginning This Period			
Amount incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)	>	
2) TOTALS This Period (last page this line num	ber only)	>	
3) TOTAL OUTSTANDING LOANS from Schedu			
4) ADD 2) and 3) and warry ferward to appropri	ave likes of Summary Page (last page or	ıly) ▶	

(7/2013)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS** Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED